



Admissions Officer	Source
	Inquiry Date

APPLICATION FOR ADMISSION

To conform with the Privacy Rights of Parents and Students Act ACCT has identified the following data as "directory information" which will be released upon inquiry unless a student files a written objection with the Records office: address, telephone number, dates of attendance, field of study, credit hours earned, degree earned and honors received. All other data on the application for admission is confidential and will not be released, except as required by law, without the student's permission.

ACCT is an equal employment opportunity/affirmative action institution. The university is committed to a policy of equal opportunity in student admissions, student financial assistance, and other student policies and activities, and accordingly will not practice discrimination based on age, sex, color, religion, handicap, or national origin.

PERSONAL DATA

Last Name			First Name			Middle Initial		
Previous Name			Cell Number			Home Number		
Work Number			Ext.			Email Address		
Street Address						City		
State			Zip/Postal Code			Country/Province		
			<input type="checkbox"/> USA			<input type="checkbox"/> Other		
<input type="checkbox"/> Male <input type="checkbox"/> Female				/ /				
Gender		Social Security Number		Date of Birth(MM/DD/YYYY)		Place of Birth:(City,Country)		

CHECK APPROPRIATE BLOCKS

International Students

Country of citizenship		Visa Type		<input type="checkbox"/>		TOEFL		Other	
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I am applying for the Quarter beginning:		DIPLOMA PROGRAMS		<input type="checkbox"/>			
Month Year		<input type="checkbox"/> Accounting		<input type="checkbox"/> NONE-DEGREE PROGRAM			

I am applying for: (check one)

MASTER OF SCIENCE Degree Program	BACHELOR OF SCIENCE Degree Programs	ASSOCIATE IN ARTS Degree Programs	CERTIFICATE PROGRAMS	Executive CERTIFICATE GRADUATES
<input type="checkbox"/> Accounting	<input type="checkbox"/> Accounting	<input type="checkbox"/> Accounting	<input type="checkbox"/> Accounting	<input type="checkbox"/> Business Administration
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Business Administration	<input type="checkbox"/> Business Administration	<input type="checkbox"/> Business Administration	<input type="checkbox"/> Health Care Management
<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Comm & International Relations	<input type="checkbox"/> Information Technology
Post Graduate Degree		<input type="checkbox"/> General Studies	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Project Management
<input type="checkbox"/> CIS			<input type="checkbox"/> Paralegal	
<input type="checkbox"/> IBDP				

ACADEMIC HISTORY

<input type="checkbox"/> I am a high school graduate/ Secondary					
Name of High School/ Secondary		City	State/Province	Country	Year of Graduation
<input type="checkbox"/> I am a G.E.D Recipient					
Name of School, School Board, or Agency Issuing G.E.D		City	State	Country	Year of G.E.D

Colleges, Universities or post secondary institutions attended (Please list below)			
			<input type="checkbox"/> None
Name of Institution	Major	Degree Earned	Year of degree
City	State/Province	Country	
Name of Institution	Major	Degree Earned	Year of degree
City	State/Province	Country	

ADMISSIONS REQUIREMENTS

1. This application must be completed, signed, and submitted to the Admission Office with a \$40.00 non-refundable application fee.
2. For additional information, please refer to the ACCT Catalog (*available online at acct2day.org*)

I certify that I understand I am responsible for adhering to all policies and procedures of the university. I certify that the information given in this application is complete and accurate. I understand that withholding or giving false information will make me ineligible for admission or result in immediate dismissal from ACCT. I understand and agree that ACCT may disclose information from my education records to U.S. federal, state, and local law enforcement, immigration health, and other government agencies for the purpose of assisting such agencies to address matters of public health and safety.

Applicant's Signature (required)	Date
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American College Commerce and technology is Certified to operate by State Council of Higher Education for Virginia

